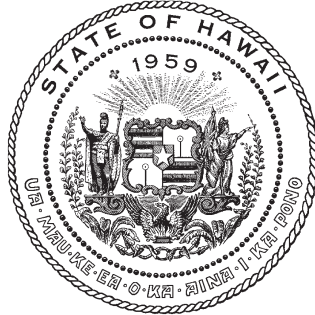


**STATE OF HAWAII
DEPARTMENT OF TAXATION**



**General Information
and Scannable Specifications
for
Form HW-14 (Rev. 2017)**

Contact Information

Hawaii Department of Taxation
Technical Section
Attn: Sharlene Tagami, Forms Coordinator
830 Punchbowl Street, Rm 126
Honolulu, Hawaii 96813

Telephone: (808) 587-1577
Fax: (808) 587-1584
E-mail: Tax.Technical.Section@hawaii.gov

**Hawaii Software Vendor Website
Address:**

tax.hawaii.gov/vendor/

Note: Reproductions must meet requirements as established in our current Forms Reproduction Policy and within this document.

Form HW-14 (Rev. 2017)**General Information and Scannable Specifications**

This document provides software vendors with the requirements for reproducing Form HW-14. Form HW-14 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form HW-14 must create the form so the variable data (specified fields containing

taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

Substitute scannable forms **MUST** meet requirements as established in this document and our Forms Reproduction Policy and be approved prior to release or distribution.

GENERAL INFORMATION**1. Substitute Form**

- We highly recommend you use the Department's official Form HW-14 PDF.
- If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance including **bold** and/or *italics* fonts as they appear on the official form.
- Lines of text in a paragraph must break at the same location as the official form.
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.
- Substitute scannable forms must be proofread prior to submission.

2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

3. Variable Data

- All variable data fields must utilize 12 pt Courier font.
- All variable data fields require exact placement.
- Print all alpha characters uppercase.
- Use a bold X (**X**) as a checkbox indicator. See exhibit for exact placement. The use of a checkmark is not acceptable.

4. Variable Data Delimiters

- Tax Period Ending must be printed with a dash (-) delimiter. For example:
MM-YY
(2 digits for month, followed by a dash (-), followed by 2 digits for the tax period ending).

- Taxpayer's Hawaii Tax I.D. Number must be printed with the dash (-) delimiters. For example:

WH-123-456-7890-01

(WH, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 3 digits, followed by a dash (-), followed by 4 digits, followed by a dash (-), followed by 2 digits)

Note: The Taxpayer's Hawaii Tax I.D. Number begins with a "WH." "WH" must be included in the variable data field.

5. Dollar Amounts 123456789.12

- Do not use commas as thousand separators.
- Do not use leading dollar signs.
- Amounts are right justified.
- Fields with dollar amounts that are not rounded to whole dollar amounts must be followed by a decimal point showing "00" for cents if the amount is a whole dollar value.

6. Method of Payment Indicator

- Indicate the method of payment (EFT or Check or Money Order) by placing a bold X (**X**) where indicated on the exhibits.

7. Testing and Approval of the Scannable Form

- The printed 6x10 grid of the form on acetate overlays will be mailed to software vendors listed on our Hawaii software vendor website. This should assist in the exact data field placement. Verify your test data filled facsimile samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16," do not submit them for approval as they will be rejected.
- A minimum of 5 hardcopy test samples must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or trailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- Test samples must be populated with unique sample variable data showing different scenarios.

- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.

- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form HW-14 (Rev. 2017) cannot be filed until 2018.

SCANNABLE SPECIFICATIONS

1. Layout

- The form was designed on a 6x10 grid. See exhibits.
- Open space around variable data fields should be adhered to as much as possible except for the areas that do not require optical character recognition. Do not place any additional information in these areas.

2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label on row 63 at column 60 and 61.
- See our Hawaii software vendor website for your Hawaii Vendor I.D. Number. If your company is not listed, please contact the Forms Coordinator.

3. Anchors

- Anchors are required on every page. The scanning equipment looks for "L" anchors, printed on the form. Exact placement of the anchors are required.
- The vertical and horizontal edges of the anchors must be the same length of 0.5 inch long and 0.0278 inch thick.
- There are **two** anchors on each page.
 1. The top right anchor should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 12.



2. The bottom left anchor should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64.



- The tolerance is 1mm ($\frac{1}{4}$ of a grid).
- No data or other stray marks are allowed to encroach within the white space in a 0.5 inch square of the anchor.



4. QR Code

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.

- Placement of the QR code is as follows (see exhibit for exact placement):
Page 1, approximately at the top of row 7 and at the beginning of column 6;
- Height of the QR code is 0.5 inch.
- Length of the QR code is 0.5 inch.
- Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.

The required QR code is HW14_T 2017A 01



The QR code includes the form number (HW14), an underscore, type of form (T), space, 4-digit form year (2017), 1-letter revision indicator, space and 2-digit page number (01). There are no hyphens.

- The human readable text for the QR code **MUST** be printed at the bottom of each page at 0.5 inch from the left edge of the form and the bottom of the human readable text is 0.25 inch from the bottom edge of the form utilizing 6 pt Helvetica font.
- Use of the Department of Taxation's JPEG file of the barcode is preferable. The JPEG files can be found at our software vendor website.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

5. Acetate overlays

- Acetate overlays will assist in the exact data field placement. Verify your test data filled facsimile samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 0.0625 inch, do not submit them for approval as they will be rejected.
- Acetate overlays will be mailed to vendors listed on our Hawaii software vendor website who previously reproduced Form HW-14. If you are now reproducing Form HW-14, contact the Forms Coordinator for the acetate overlays. If your company is not listed and you are reproducing Form HW-14, please contact the Forms Coordinator.

FORM HW-14

(Rev. 2017)

STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA

30

X Place an X in this box ONLY if this is an AMENDED return

M M Y Y

Quarter Ending

12-12

HAWAII TAX I.D. NO.

WH-123-456-7890-12

Last 4 digits of your FEIN or SSN

1234

NAME: TAXPAYER 'S NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

(NOTE: Enter "0" if no wages were paid or no tax withheld. Otherwise, complete this return and enclose applicable payment.)

1. TOTAL WAGES PAID (include COLA, 3rd party sick leave, and other benefits)	1	123456789.12
2. TOTAL HAWAII INCOME TAX WITHHELD	2	123456789.12
2a. PENALTIES PREVIOUSLY ASSESSED (For Amended Return ONLY)		123456789.12
2b. INTEREST PREVIOUSLY ASSESSED (For Amended Return ONLY)		123456789.12
2c. TOTAL AMOUNT DUE (Add lines 2, 2a, and 2b)	2c	123456789.12
3. TOTAL PAYMENTS OF TAXES WITHHELD for the period (including any penalty or interest paid during the period) (For Amended Return ONLY)	3	123456789.12
4. AMOUNT OF CREDIT TO BE REFUNDED (line 3 minus line 2c) (For Amended Return ONLY)	4	123456789.12
5. AMOUNT OF TAXES now due and PAYABLE (line 2c minus line 3) (For Amended Return ONLY)	5	123456789.12
6a. PENALTY		123456789.12
6b. INTEREST		123456789.12
7. TOTAL AMOUNT now due and PAYABLE (Add lines 2c, 6a, and 6b) (For AMENDED returns, Add lines 5, 6a, and 6b)	7	123456789.12
8. If there is an AMOUNT DUE on line 7, indicate the method of your payment	8	EFT X CHECK or MONEY ORDER X
9. Enter AMOUNT of payment. Attach your check or money order payable to "Hawaii State Tax Collector" in U.S. dollars drawn on any U.S. bank to Form HW-14. Write the filing period and your Hawaii Tax I.D. No. on your check or money order. IF NO PAYMENT, ENTER "0.00." You may also e-pay at: hitax.hawaii.gov	9	AMOUNT OF PAYMENT 123456789.12

Electronic Filing & E-Pay at:
hitax.hawaii.gov/
Safe. Easy.I declare under the penalties set forth in section 231-36, HRS, that this is a
true and correct return, prepared in accordance with the withholding provisions
of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE	DATE
	12-12-12
TITLE	DAYTIME PHONE NUMBER
TAXPAYER'S TITLEXXXX	(123) 123-4567

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827
HONOLULU, HI 96812-3827

ID NO 12

Form HW-14

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STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA

30

☒ Place an X in this box ONLY if this is an AMENDED return

M M Y Y

Quarter Ending

12-12

HAWAII TAX I.D. NO.

WH-123-456-7890-12

Last 4 digits of your FEIN or SSN

1234

NAME: TAXPAYER 'S NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

(NOTE: Enter "0" if no wages were paid or no tax withheld. Otherwise, complete this return and enclose applicable payment.)

1. TOTAL WAGES PAID (include COLA, 3rd party sick leave, and other benefits)1 123456789.12
2. TOTAL HAWAII INCOME TAX WITHHELD2 123456789.12
- 2a. PENALTIES PREVIOUSLY ASSESSED
(For Amended Return ONLY) 123456789.12
- 2b. INTEREST PREVIOUSLY ASSESSED
(For Amended Return ONLY) 123456789.12
- 2c. TOTAL AMOUNT DUE (Add lines 2, 2a, and 2b)2c 123456789.12
3. TOTAL PAYMENTS OF TAXES WITHHELD for the period (including any penalty
or interest paid during the period) (For Amended Return ONLY)3 123456789.12
4. AMOUNT OF CREDIT TO BE REFUNDED (line 3 minus line 2c)4 123456789.12
(For Amended Return ONLY)
5. AMOUNT OF TAXES now due and PAYABLE (line 2c minus line 3)5 123456789.12
(For Amended Return ONLY)
6. **FOR LATE FILING ONLY** 6a. PENALTY 123456789.12
- 6b. INTEREST 123456789.12
7. TOTAL AMOUNT now due and PAYABLE (Add lines 2c, 6a, and 6b)7 123456789.12
(For AMENDED returns, Add lines 5, 6a, and 6b)
8. If there is an AMOUNT DUE on line 7, indicate the method of your
payment.....8 EFT ☒ CHECK or MONEY ORDER ☒
9. Enter AMOUNT of payment. Attach your check or money order payable to
"Hawaii State Tax Collector" in U.S. dollars drawn on any U.S. bank to Form HW-14.
Write the filing period and your Hawaii Tax I.D. No. on your check or money order.
IF NO PAYMENT, ENTER "0.00." You may also e-pay at: hitax.hawaii.gov9 AMOUNT OF PAYMENT
123456789.12

Electronic Filing & E-Pay at:
hitax.hawaii.gov/
Safe. Easy.— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827
HONOLULU, HI 96812-3827

I declare under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE		DATE 12-12-12	
TITLE TAXPAYER 'S TITLEXXXX		DAYTIME PHONE NUMBER (123) 123-4567	

ID NO 12

Form HW-14

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